### ENVIRONMENTAL SERVICES DEPARTMENT

John A. Power, P.E., MPA, Director 1001 North Central, Ste. 150 Phoenix, AZ 85004



## DIVISION OF WATER AND WASTE MANAGEMENT

Kevin S. Chadwick, P.E., Division Manager (602) 506-6666 FAX (602) 506-6925 TT (506) 6704

## Checklist For Minor Plan Review (\$135 Review Fee) Of Existing Septic System

The checklist helps ensure all necessary documents are available to complete the review. The purpose of a review is to determine if a new structure or alteration to an existing structure may utilize the existing septic system.

	Completed General Application for review
	<b>Sewer Availability required for every application</b> . See attached sewer determination sheet.
	Copy of existing permit or permit number (If permit is not on file with Maricopa County Environmental Services, contact: State Records Center at 602-542-3741.)
	Two (2) site plans at a scale of 1"=30', 1"=20', or 1"=10'
	Site plans shall include:
	Property dimensions
	All setback requirements
	Location of any wells or waterlines
	Any easements
	Location of driveway(s)
	Location and capacity of existing septic tank and disposal field, including reserve disposal area
	One (1) floor plan of existing structure
	One (1) floor plan indicating the addition
	One (1) official recorded deed, including legal description
	Tank pumping receipt, with capacity, tank dimensions, liquid depth, and condition of tank
	Fees: \$135. Cash or check only
Applicant Signa	ature Date

#### SEWER DETERMINATION

THE OWNER OR PERSON REQUESTING TO INSTALL AN ONSITE SYSTEM MUST DETERMINE THE LOCATION OF THE NEAREST SEWER TAP TO THE PROPERTY. ARIZONA ADMINISTRATIVE CODE R18-9-A309.A.5 SETS REQUIREMENTS FOR HOOK-UP TO SANITARY SEWER.

"A PERSON...SHALL CONNECT TO A SEWAGE COLLECTION SYSTEM IF:

- ...B. A SEWER SERVICE LINE EXTENSION IS AVAILABLE AT THE PROPERTY BOUNDARY AND BOTH OF THE FOLLOWING APPLY:
  - I. THE SERVICE CONNECTION FEE IS NOT MORE THAN \$6000 FOR A DWELLING... AND
  - II. THE COST OF CONSTRUCTING THE BUILDING SEWER FROM THE WASTEWATER SOURCE TO THE SERVICE CONNECTION IS NOT MORE THAN \$3000 FOR A DWELLING..."

MARICOPA COUNTY PROVIDES THE PHONE NUMBERS BELOW TO BEGIN YOUR SEARCH. SOME MUNICIPALITIES MAY HAVE MORE STRINGENT REQUIREMENTS AND WILL REQUIRE CONNECTION TO CITY SEWER. A STATEMENT INDICATING THE AVAILABILITY OF THE SEWER IS NEEDED PRIOR TO ANY SUBMITTAL TO THE ENVIRONMENTAL SERVICES DEPARTMENT.

AVONDALE	623-478-3330	www.ci.avondale.az.us
BUCKEYE	623-386-2487	www.buckeyeaz.gov
CAVE CREEK	480-488-1400	www.cavecreek.org
CHANDLER	480-782-3800	www.chandleraz.gov
CAREFREE	480-488-3638	www.carefree.org
EL MIRAGE	623-933-8318	www.cityofelmirage.org
GILBERT	480-503-6000	www.ci.gilbert.az.us
GLENDALE	623-930-2000	www.ci.glendale.az.us
GOODYEAR	623-932-1637	www.ci.goodyear.az.us
MESA	480-644-4273	www.cityofmesa.org
PARADISE VALLEY	480-348-3528	www.ci.paradise-valley.az.us
PEORIA	623-773-7210	www.peoriaaz.com
PHOENIX	602-262-6551	www.ci.phoenix.az.us
QUEEN CREEK	480-987-0496	www.queencreek.org
SCOTTSDALE	480-312-2356	www.ci.scottsdale.az.us
SURPRISE	623-583-0947	www.surpriseaz.com
TEMPE	480-350-8341	www.tempe.gov
TOLLESON	623-936-7141	www.tollesonaz.org

MARICOPA COUNTY ENVIRONMENTAL SERVICES MAKES EVERY ATTEMPT TO PROVIDE ACCURATE INFORMATION. PHONE NUMBERS MAY CHANGE WITHOUT OUR KNOWLEDGE.

Maricopa County Environmental Services Department Water & Waste Management Division (Delegated Authority for ADEQ)

1001 N Central Ave, Suite 150

Phoenix, AZ 85004 Phone: (602) 506-6666 Fax: (602) 506 6925



# GENERAL APPLICATION FOR AN ONSITE WASTEWATER TREATMENT FACILITY

	and Test Hole Inspection\$325 per vic. Review/Reconnect Plan Review, exitic System Abandonment/Closure\$1'	sting permit #	-\$135	
S	ite Information			
Property Address:  If no address has been assigned, leave blank  Cross Streets  Street Name and Number	City (if applicable)	County, AZ		
Subdivision Name (if applicable):		Lot#(s)		
Legal Description: Section Township		Acreage	:	
Sewer (circle one) <b>IS / IS NOT</b> available within 400'	1	-		
from the property.		Water Service will be provided by (check all that apply):  Water Company—Name		
Identified as (check one):	Existing Well	ID Number:		
Single Family Residence	Existing Well	Shared? Yes No		
Commercial	Proposed/Future Well	Shared? Yes No_		
Type of Establishment:	Holding Tank	110_		
Maximum number of users:(Customers, employees, members, etc.)	MC P/D Tracking # B			
For a Review/Reconnect, indicate reason for request:	Site Code:			
Owner a	nd Agent Information			
Property Owner Name:				
Property Owner Name:		Zip Code:		
Property Owner Name: Complete Mailing Address:	Owner's Fax:			
Property Owner Name:  Complete Mailing Address:  Owner's Phone:	Owner's Fax: At	tention:		
Property Owner Name:  Complete Mailing Address:  Owner's Phone:  Applicant/Agent Name:	Owner's Fax: Att	tention:		
Property Owner Name:  Complete Mailing Address:  Owner's Phone:  Applicant/Agent Name:  Complete Mailing Address:	Owner's Fax: Att	tention:Zip Code:		
Property Owner Name:  Complete Mailing Address:  Owner's Phone:  Applicant/Agent Name:  Complete Mailing Address:  Phone:  Mobile:	Owner's Fax: Att Fax:	tention:Zip Code:		
Property Owner Name:  Complete Mailing Address:  Owner's Phone:  Applicant/Agent Name:  Complete Mailing Address:  Phone:  Mobile:	Fax:  Owner's Fax: Att  Fax: for full compliance with all applicable statue they must also provide access for the inspecen option 5, then option 3. All notification of	es, rules and regulations for the we tion. Request for the inspection is completed procedures will be done.	ork nay be ne throug	
Property Owner Name:  Complete Mailing Address:  Owner's Phone:  Applicant/Agent Name:  Complete Mailing Address:  Phone:  Mobile:  Mobile:  App  the undersigned, do hereby agree to assume complete responsibility, but led in on the Inspection Request Line at 602-506-6666, option 1 the simile or mail. Per Maricopa County Health Code, this application	Fax: Att  Fax: Att  Fax: Att  Colored Signature  For full compliance with all applicable status they must also provide access for the inspecten option 5, then option 3. All notification of will expire: a) one year from date of applic	es, rules and regulations for the we tion. Request for the inspection is completed procedures will be done.	ork nay be ne throug	

Amount: \$\_\_\_\_\_ Date Issued \_\_\_\_\_ Issue Status \_\_\_\_\_ By: \_\_\_\_ Expiration Date: \_\_\_